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AUGUST, 1903.

EDITORIAL NOTES.

At the special request of the JOURNAL, Mr. W. C. Tait, the attorney for the State Board of Medical Examiners, has given, in this issue, a synopsis of the *status MEDICAL LAW. praesens* because of the latest attack made on the Board in the courts. The JOURNAL has considered this timely, for the subject is of interest to every medical practitioner, is not likely to be fully presented in the lay press, and may be presented with bias in some publications. The presentation of the matter is in no way an attempt at a trial of the case, for that will occur in the courts; but it is a very clear statement of what has been done and is doing in these matters and is offered for general reading and consideration. Mr. Tait points out that all attacks on the Board of Examiners by illegal practitioners have ceased. They had their innings some time ago and never won a case. The present attack is from men holding a license or those who have failed to secure one by passing the required examination. It is a remarkable thing that any man could wish to wipe out the mark that distinguishes him from the illegal practitioner, or could wish to enter a company where these black sheep could also claim a place. The profession has to think of this. The present attack is on the legality of each practitioner's license—each individual man being attacked. Does the profession want that? There is another point that is brought out, namely, the greater value of a license in a court of law than a diploma. The average juryman can easily understand what a license is. The trades unions may have taught it to him, and, if so, they have taught the lesson exceedingly well; but this same juryman does not care particularly for the diploma. The physician may, on the other hand, be particularly proud of his diploma; it may have come from an institution which makes its diplomas mean something, and it may represent, to

its owner, a goal attained after very hard work. This, of course, is quite right and as it should be; but it is equally right that the license should have its value in its own place. In scholastic circles let us think of our diplomas; in legal strife let us stand by our licenses, and let us see to it that those who attack the law that gives us our professional licensure shall be thought of as would be those who attacked our personal characters. The JOURNAL asks the perusal of Mr. Tait's paper. It is confident that it will clarify the ideas of many who, from lack of incentive to think of the matter, have not kept always before them the fact that it is the license on which their legal standing rests, and that if this is overthrown we become at once legally illegal. Who wants that stigma?

The report of the committee on new remedies of the New York State Pharmaceutical Association, recently published, is a document of absorbing interest. In reading the report it is difficult to determine whether any members of the committee are

ADDITIONS TO MATERIA MEDICA.

gifted with a sense of humor, but we certainly hope that such is the case. They are sufficiently cautious, in any event, for the phrases "stated to represent," "said to contain," "said to be more effective than—," "claimed to be more effective than—," "said to be non-toxic," etc., are found in a great majority of the short statements relative to these new "materia medica preparations." The committee seems to have included only those which it deems of some consequence, yet the list enumerates 115 articles. How many more new "materia medica preparations," not worthy the consideration of the committee may have been placed on the market during the year, for the annoyance of the physician and to load up the pharmacist, it would be difficult to determine. We know of a considerable number that are not to be found in this list. Of the 115, thirty-seven are either simply new names for old things, or are launched and "recommended" as substitutes for something else; many of these are merely trade names for well-known chemicals or pharmaceuticals. Fifteen of the 115 are "recommended" for use as uric acid solvents, or for the general treatment of genito-urinary troubles; and practically all of these are merely mixtures of previously known remedies. Thirteen are stated to be useful in the treatment of throat or lung troubles, or are of the guaiacol family of preparations. Of these, in general, the committee says: "While most of these compounds are free from the objectionable characteristics of guaiacol itself, it is, nevertheless, the fact that most of them are at the same time much inferior to the parent product in medicinal value."

SAN FRANCISCO SOCIETY OF EYE, EAR, NOSE AND THROAT SURGEONS.

The regular monthly meeting of the San Francisco Society of Eye, Ear, Nose, and Throat Surgeons was held on March 19th, 1903. The President, Dr. Louis C. Deane in the chair.

Dr. Payne exhibited a remarkable case of vitreous opacities.

The patient was a railroad fireman, who last December was struck in the left eye by a piece of coal or a spark. There was a slight redness of the eye which soon disappeared, but two months later the eye became bad again and he was sent to this city for treatment. At the time of being first seen his vision was 20-80, and there were a great number of opacities in the vitreous. Under sweating with pilocarpine and inunction treatment, the central vision was raised to 20-20, and the disc was not so hazy. But there is still an extremely large opacity occupying the inferior exterior quadrant of the vitreous, looking like a sheet of black carbon paper, and seemingly attached by its lower border. Besides there are a number of smaller floating opacities.

Dr. Powers discussing the case thought it was probably a shred of retina. It did not seem like a blood clot to him, and the possibility of its being specific was quite near.

Dr. Deane thought it an exudate and that it could not be a retinal detachment, as the edges of the opacity were frayed out extending quite a distance into the vitreous.

Dr. Powers presented the same patient he presented at the last meeting with the diagnosis of embolism of the central retinal artery. All the fundus appearances point to the case being one of neuroretinitis. There is a marked atrophy of the disc, and a white streak is seen running down from the disc which is probably not a vessel, as it was at first broader and whiter than it is now.

Dr. Payne also thought it a receding neuroretinitis.

Dr. Deane was of the opinion that the white streak referred to by Dr. Powers was an exudate in the nerve fibre layer, a favorite place for these exudates.

Dr. Powers. (Presenting specimen.) I had occasion to remove a cataract from the eye of a gentleman 79 or 80 years of age, very healthy and active, exceedingly tractable. Did not wince or make any trouble at all during the operation. When making the incision the iris seemed to fall in front of the knife so far that I thought it must be wounded. There was only gentle pressure required to extrude the lens. I held the scoop ready to take it and when the lens was removed the entire iris came with it. The only way to account for it is, in moving away the lens traction was produced upon the iris and brought it away. Nothing in the operation happened to loosen the iris. I saw something of the same kind happen in the experience of another man in an attempt to make an iridectomy. There was no vitreous lost. A few flakes of blood only. Did not open the eye for five days and at the end of that time the man counted fingers at quite a distance and could distinguish faces very easily.

Dr. Payne: This is an extraordinarily interesting specimen. The iris shows that it was atrophic and was undergoing degeneration. There is very little pigment and the wounded iris is not any too firmly fixed at the limbus border so one can understand how this accident might occur with such an atrophic and degenerative condition.

Wise Counsel—As the time approaches for the annual meeting of the Washington State Medical Association, the query naturally arises as to the success thus far attending the reorganization adopted at the last meeting, in accordance with the plan out-

lined by the American Medical Association. The results attained will be indicated by the membership gathered into the State Association. Since eligible members are now confined to those in good standing in the county societies, the latter comprise the pivotal points for the larger society. * * * We wish to urge the formation of as many county societies as possible before the meeting of the State Association at Spokane next September. It should be the purpose of every eligible physician in the State to become a member of this representative body. What the American Medical Association represents to the great body of the profession in the whole country we would have our State Association stand for in our rapidly growing State. The future interests and welfare of the medical profession of the State of Washington can best be cared for by the existence of such a body of practitioners, whose influence can be felt and appreciated in whatever direction it may be exerted.—*Northwest Medicine*.

PERSONAL MENTION.

Dr. Ray Lyman Wilbur, assistant professor of physiology and university physician at Stanford, has been granted a year's leave of absence for travel, rest, and study in Europe. Dr. Wilbur is accompanied by Mrs. Wilbur and his two children.

Dr. Joseph Brady and Miss Eugenie Brown were married at St. Dominic's Church, San Francisco, on the evening of June 24th. After the ceremony at the church about 200 guests attended the wedding supper at the Palace Hotel.

Dr. Charles A. Morris and Miss Jessie Galbraith were married at the residence of the bride's mother, on Castro street, San Francisco, on July 1st.

Dr. Lemuel Payson Adams of Oakland and Miss Elizabeth Leigh were married at the residence of Dr. Frank Adams, the bride's brother-in-law, on the evening of July 15th.

Dr. Harry F. Worley of Oakland and Miss Sadie A. Smith were married at the First Methodist Church, Oakland, on the evening of June 30th.

Dr. C. A. Case, formerly of Oakdale, has taken the practice of Dr. Hershiser at Pleasanton, who has gone East.

Dr. J. L. Arbogast, formerly of Rio Vista, is now located at St. Helena.

Dr. A. J. Goetsch, formerly of Yountville, is now located at St. Helena.

Dr. J. H. Carothers of Martinez, after fifty years of practice is about to retire.

Dr. A. B. Powell has moved from Tracy to Dos Palos.

Dr. H. C. Crowder has moved from Sutter Creek to Tracy.

Drs. C. and May A. Mathewson have removed from Calistoga to San Francisco.

Dr. L. C. Winsor, formerly of San Jose, has located at Livermore.